## CLAIMS ONLY

Application Number: 10/684,810

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|---|---|---|---|---|---|---|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | 1 | | |
| 4 | | 1 | | 1 | | |
| 5 | | 1 | | 1 | | |
| 6 | | 1 | | 1 | | |
| 7 | | 1 | | 1 | | |
| 8 | 1 | 1 | | 1 | | |
| 9 | 1 | | 1 | | | |
| 10 | | 1 | | 1 | | |
| 11 | | 1 | | 1 | | |
| 12 | — | — | | — | | |
| 13 | | 1 | | 1 | | |
| 14 | | 1 | | 1 | | |
| 15 | | 1 | | 1 | | |
| 16 | | 1 | | 1 | | |
| 17 | | 1 | | 1 | | |
| 18 | | 1 | | 1 | | |
| 19 | | 1 | | — | | |
| 20 | | 1 | | 1 | | |
| 21 | | 1 | | 1 | | |
| 22 | | 1 | | 1 | | |
| 23 | | 1 | | 1 | | |
| 24 | 1 | | 1 | | | |
| 25 | | 1 | | 1 | | |
| 26 | | 1 | | 1 | | |
| 27 | | 1 | | 1 | | |
| 28 | | 1 | | 1 | | |
| 29 | | 1 | | 1 | | |
| 30 | 1 | | 1 | | | |
| 31 | 1 | | 1 | | | |
| 32 | | 1 | | 1 | | |
| 33 | | 1 | | 1 | | |
| 34 | | 1 | | — | | |
| 35 | | 1 | | 1 | | |
| 36 | | 1 | | 1 | | |
| 37 | | 1 | | 1 | | |
| 38 | | 1 | | 1 | | |
| 39 | | 15 | | 15 | | |
| 40 | | 15 | | 15 | | |
| 41 | | 15 | | 15 | | |
| 42 | | 18 | | 18 | | |
| 43 | | 18 | | 18 | | |
| 44 | | 18 | | 18 | | |
| 45 | | 3 | | 3 | | |
| 46 | | | 1 | | | |
| 47 | | | | 1 | | |
| 48 | | | | 1 | | |
| 49 | | | | 1 | | |
| 50 | | | | 1 | | |
| Total Indep | 5 | | 8 | | | |
| Total Depend | 134 | | 219 | | | |
| Total Claims | 139 | | 227 | | | |

| | Indep | Depend | Indep | Depend | Indep | Depend |
|---|---|---|---|---|---|---|
| 51 | | 1 | | | | |
| 52 | 1 | | | | | |
| 53 | 1 | | | | | |
| 54 | | 1 | | | | |
| 55 | | 1 | | | | |
| 56 | | 1 | | | | |
| 57 | | 1 | | | | |
| 58 | | 1 | | | | |
| 59 | | 1 | | | | |
| 60 | | 1 | | | | |
| 61 | | 15 | | | | |
| 62 | | 15 | | | | |
| 63 | | 15 | | | | |
| 64 | | 15 | | | | |
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| Total Indep | | | | | | |
| Total Depend | | | | | | |
| Total Claims | | | | | | |